62.6	P		stian,	
IO D. "UTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	shau		TO FUNAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regumer prior to burial, cremation,	
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VS. A15ME(5) 5M 9/55

				ATE DEPARTM				18		
	1307	1 MI	EDICAL	EXAMINER	'S CERTIFIC	ATE O	F DEATH	Reg. Di	1305	58
1. F	LACE OF DEATH	t. Mary's		MARYLANI	2. USUAL RESIDENCE O. STATE Ma.1	E (Where dece 'yland	b. COUN	error a	ary s	nission)
ь	CITY OR TOWN (If cond give nearest town) Rural Wy		e RURAL C	LENGTH OF STAY IN 18	c. CITY OR TOWN	St. In	i coes			awn)
d	NAME OF HOSPITA	L OR INSTITUTION (If not in hospita	ol, give street oddress)	d. STREET ADDRES				ON	RESIDENCE N A FARM?
	NAME OF DECEASED Type or print)	Fir Car t	-	Middle	Last	4. DATE OF DEATI		nth		Year
5. S	EX	6. COLOR OR RACE	7. MARRIED	Matthew Never Married Matthew		ig DEAT	9. AGE (In years last birthday)		YEAR IF UNI	
_	Male USUAL OCCUPATION Uring most of working	Oolored N (Give kind of wark life, even if retired)	done 10b. KINI	D OF BUSINESS OR INDU	July 5,1940 STRY 11. BIRTHPLACE (S		21 yrs		EN OF WHAT	
	Waterm FATHER'S NAME				Mary 14. Mother's Maide	and		บ.8	.A.	
		Carroll G				ancis	Armstrong			
15. [Yes,	WAS DECEASED EVE	R IN U. S. ARMED FO If yes, give war or dates of	RCES? 16. SO	1	ery F. Armst		Addres	as#	•	
	Conditions, if on gove rise to immedi (a), stating the us cause last.	ote cause DUE TO								
CERTIFICATION			DITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISE/	ASE CONDITION G	IVEN IN PART	1(a) 19. WAS PERFO YES [AUTOPSY ORMED? NO Z
	20g. EXTERNAL CAUS PRIMARY D or CON' CAUSE OF DEATH.	SE WAS TRIBUTING []	Db. DESCRIBE HO	OW INJURY OCCURRED.	(Enter nature of injury in	1 1	Il of item 18.)	st	יוליון י	Irid
MEDICAL	20c. TIME OF INJURY	// - S' 19	While of work	URY OCCURRED 20e. PL Not while of work	ACE OF INJURY (Home, Interpretation, street, office bldg.,	etc.)	ity or town)	- St	ity)	(State)
			af the ren	Accident . St			Inspection Z Undetermined		, ond	find the
	ACTUAL SIGNATURE	Motal	net	The D	M.D. CHIEF MEDICA				DATE	SIGNED
	EXAMINER'S NAME (Type)	William H			ASSISTANT MEDIC		_		11/8	3/61
220.	BURIAL, CREMATION REMOVAL (Specify) Burial	11/11/6		Mt. Zion	R CREMATORY	22d. LOC	ATION (City, town,		(Sto Mary)	
23. 1	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	240 P	EC'D BY REGI		ISTRAR'S SIGI		

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within 72 hours after death undraft director, the third co

the registrar

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

The bottom copy may be retained by the hospital or attending physician.

13072

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

13059

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED						
COUNTY St. Mary's		MARYLAND		STATE Maryla	nd COUNTY	St.	Mary	18		
CITY (If outside corporata limits, writa RURA	AL I	LENGTH OF STAY		CITY (If outside corpo	rata limits, write RURAL		_			
OR and give nearest town) TOWN Leonard town		(in this place) 53 days		TOWN X Rur	al Avenue					
HOSPITAL OR)) days	9	STREET		va location)				
INSTITUTION OR		4-1		ADDRESS	(ii fatoi gi	10 10 0011011,				
D. Piar	y's Hospi			Last)			(2)			
DECEASED	(Mide	aiaj			4. DATE (Mo	_	(Day)	(Yaar)		
(Type or Print) Josep.				wick		Nov.	21,	19 61		
RACE	SINGLE, MARRIED, WIDOWED, DIVORC	CED.	ATE OF	BIRTH	9. AGE last birthday		R 1 YEAR	IF UNDER 24 HRS		
Male White	(Specify) Wido		me I	7.1866	95 yrs.	Months	Days	Hours Min.		
10a. USUAL OCCUPATION (Giva kind of work	10b, KIND O		11.	BIRTHPLACE (Stata or fora	gn country)	1	2. CITIZE	N OF WHAT		
dona during most of working lifa, evan if retired) Waterman	OR IND	USIKY	-	Atlanti	c Ocean	15	U.S.	A.		
13. FATHER'S NAME				14. MOTHER'S MAIDEN						
?	?			?	?					
15. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16. SC	CIAL SECURITY N	0.	17. INFORMANT &	ADDRESS					
(Yas, no, or unk.) (If Yes, give wer or detas of	sarvica)			Elmer G. St	alding	Avenu	e. Ma	ryland		
		18. MEDICAL	CERT		/)		INTE	RVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADIN	NG TO DEATH	1	0	1 1 5	11.11		1 /	ET AND DEATH		
420 IMMEDIATE CAUSE (A)		Lyoca	idi	as lan	my,		de	and of		
ANTECEDENT CAUSE(S) DUE	TO A	Anna	w	has Olice	iduale		n	no.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING LINDSPLYING CAUSE LAST DUE	10	201	10	1 Villey For	1			,		
STATING UNDERLYING CAUSE LAST. (C)	-	15°C	16				4	11		
II OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING					-100	1//			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH							_ 1/			
19a. DATE OF OPERATION 19b. MA	JOR FINDINGS OF	OPERATION						. AUTOPSY?		
							YES			
21a. ACCIDENT WAS UNDERLYING 21b OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	. PLACE (Homa, fa INJURY streat, offica	orm, factory, bldg., etc.)	21c	. WHERE DID INJURY OCCU	R? (City or town)	(Cou	nty)	(Stata)		
		URY OCCURRED	21	HOW DID INJURY OCCU	R?					
	M. at work	Not while			1					
22. I hereby certify that I attende	ed, the deceased	from//	118	19. 6. L. to	11/2/, 19/	that I	last say	v the deceased		
1 1/12/1	, and the	6 /	/ "	9 15 Jun 1	causes and on the					
SIGNATURE //	, , , ,	or dodni occuji	00 01	1.	RESS (Streat, city, tov			ATE SIGNED		
pro-Ther	NTE	М. D					11/	22/6/		
23. BURIAL, CREMATION, DATE THE	REOF	NAME OF CEMETER		REMATORY	LOCATION (City, tov	vn, or count	Y) 1/0	(Stata)		
Burial / 11/2	24/61	Sacred	Hea	rt Cemetery	Bushwood	1,	Me	aryland		
24. REC'D BY REGISTRAR REGISTRAL	R'S SIGNATURE			25. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			
NOV 2 8 '61	A & Trous			W.Clarke Mat	tinglev Le	onard	town	Md		

CERTIFICATE OF DEATH

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				CARRY OF STREET	
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MARYLAND STATE DEPARTMENT OF HEALTH

F	MAKILAND STATE DE	PARIMENT OF	REMEIR	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1, MA	ARYLAND
13073	CERTIFICATI	OF DEATH	1	3060

1. PLACE OF DEATI	H				DENCE (Whara dec			ca befora edmission)
a. COUNTY	Mary's		MARYLAND	e. STATE	nsel and	b. COUNT		ary's
b. CITY OR TOWN (if outside corporata limit	is, c.	LENGTH OF STAY IN 16		ryland WN (If outsida corpo	rata limits, write		
	give nearast town)			Rura	al Abai	11		
Leonardto	TAL OR INSTITUTION (i	f not in hospital	2 days	d. STREET ADDR		11		e. IS RESIDENCE
d. NAME OF HOSFI				a. STREET ADDR	(133			ON A FARM?
	St. Mary's	s Hospit	al					YES NO
NAME OF DECEASED	P 41	715 1 150	Middle	Last	4. DATE OF	Month	Day	Year
(Typa or print)	Ruther		gnatius	Bowles	DEATH	Novemb	er 17.	19 61
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	DATE OF BIRTH	9.	1 . 1 . 1 . 1	F UNDER 1 YEAR	IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED TO	Nov. 20,18	375	85 yrs.	Months Days	Hours Min.
	TION (Giva kind of work		OF BUSINESS OR INDUST		County & State, or fo		12. CITIZEN O	F WHAT COUNTRY
	orking lifa, avan if retira	d)				Manual	3 77 0	
Veterina 13. FATHER'S NAME	rian			14. MOTHER'S MAI		Maryland	d u.s	.A.
is. FATHER'S NAME	Tales T D.			14. MOTHER 3 MAI				
	John I. Bow				Matilda	Graves		
	ER IN U.S. ARMED FOR		IAL SECURITY NO. 17.	INFORMANT		Address		
no			one Mr	Neoma B.	Mattingla	Leona	rdtown.	Maryland
	DEATH [Entar only ona						INT	ERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:		. X1: -0	10		•	ON	ISET AND DEATH
115-15/	IMMEDIATE CAUSE (a)		Miser	ing (12)	urgaz-g	ge-	-61	- TURE -
451X	DUE TO			7	V ,		THE LOS	
Conditions, if any				<u> </u>				
gava rise to immad (a), stating the	DUIT TO						20	
causa last.	(c)							
PART II. OTHE		TIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TE	ERMINAL DISEASE C	ONDITION GIVE	N IN PART 1(a) 1	9. WAS AUTOPSY
					N. C.			PERFORMED?
PART II. OTHE	'AS UNDERLYING	20h DESCRIB	E HOW INJURY OCCURE	\ (Enter nature of injur	ov in Part I or Part II	of item 18)		113 [] 110 []
OR CONTRIBUTING	CAUSE OF DEATH	20b. DESCRIB	E HOW HAJOR! OCCORE!	, (cinel heldie of hijer	y in ren i or ren ii	or nem ro.,		
	MEDICAL EXAMINER)							
20c. TIME OF INJU	JRY Month, Day, Yas			ACE OF INJURY (Homa tory, streat, office bldg		or town)	(County)	(Stata)
Hour a.m.	19	While at work	Not While 180					
		tal) attended	the deceased from.	War 16	19/e/ to	11/12/1-1	D 10/ /. +	hat (I) (we) las
	sed alive on	· V	19.G./, and tha	death occured	at/1/7.M, from	ine causes a	ing on the di	22b. DATE
22a. SIGNATURE	Alle	2012	Bench ,	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		SIGNED
22c. PHYSICIAN'S				22d. ADDRESS				
NAME (Type	William D	. Boyd	M.D.		Leonard	town, Ma	aryland	
Za. BURIAL, CREMAT	ION, 23b. DATE THER	REOF . 23	c. NAME OF CEMETERY	OR CREMATORY		TION (City, tow		(Stata)
REMOVAL (Spacify	11/20/6		_ 0		Man	manga	Men	rland
Burial		1	St. Jöseph's		. REC'D BY REGIST	ganza,		yland
24 FUNERAL DIRECTO			ADDRESS				- 1-	
W.Clarke M	attinglev	Leonard	town, Maryla	no DAT	NOV 21 '61	Chill	hur S. Than	4

y filled in by the funeral Pages 1 and 2 should hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \times \text{death} \text{death} \text{ge 4 may be retained by the hospital or attending physician.} \frac{\pi}{2} \times \text{TO FO. AAL DIRECTOR: After this certificate has been signed by the attending physician and company filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within the hours after death.

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T. Diarie Hattingley Loomandtown, Maryland ... Nov E ...

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your second of the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far you set a burial, cremation, the Pure of the CTOR's Page 3 should be used as a burial-transit permit. File pages 1 and 2 with MeTregia.

or removal. 5M 9/55

VS. A15ME(5)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13074 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a. COUNTY	t. Mary's		MARYLAND	2. USUAL RESIDENC	E (Where deceased yland	lived. If Institution b. COUNTY	Residence before St. Mar	
b. CITY OR TOWN and give nearest	N [If outside corporate limits, write town]	RURAL C. LENGTH	OF STAY IN 16			ale limits, write RUR	RAL and give nea	rest town)
	ton Park		rs.		ngton Pa	rk		
d. NAME OF HOS	SPITAL OR INSTITUTION (I	f not in hospital, give stre	eet address)	d. STREET ADDRES	s Yorktown	Road		ON A FARM? YES NO
NAME OF DECEASED	Fin	it i	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	William	n Loran	(15 Each 100)	Bowman	OF DEATH	November	17.	1961
5. SEX	6. COLOR OR RACE	7. MARRIED X NEVER	MARRIED 8.	DATE OF BIRTH	9.	Beech belieble day of		UNDER 24 HRS.
Male	White	WIDOWED DI	VORCED [June 28.19	01	60 yrs. Me	onths Days 1	tours Min.
during most of wo	ATION (Give kind of work orking life, even if retired)	done 10b. KIND OF BUSI	NESS OR INDUSTR		ate or foreign cou	ntry)	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDE		rginia		
	William H	Rowman		Tr.e	64 a C			
	EVER IN U. S. ARMED FOI		RITY NO. 17. IN	FORMANT	fie Comm:	Address		
Yes, no, or unknown)	WW 11	035-10-5	201 Mm	- Fli-ba	h D D		# 2	
	DEATH Enter only one cou			s Elizabet	n D. Down	nan same	as # 2	L BETWEEN
	EATH WAS CAUSED BY:	((0)		P 4	_	ONSET A	S ALLE
Canditions, if gave rise ta im (a), stating the cause last.	ony, which mediate cause underlying DUE TO	DITIONS CONTRIBUTING	TO DEATH BUT NO		7	ONDITION CIVEN		
Z PARTIL 6				OT PELATED TO THE TE				
PART II.		DITIONS CONTRIBUTING	TO DEATH 801 N	OT RELATED TO THE TE	RMINALDISEASE			PERFORMED?
PART II. (CAUSE WAS	b. DESCRIBE HOW INJUR						PERFORMED?
20g. EXTERNAL PRIMARY G gr	CAUSE WAS 200 CONTRIBUTING 11 III.	b. DESCRIBE HOW INJUR	PRRED 20e. PLAC		Part I or Part II of	item 18.)		PERFORMED?
200. EXTERNAL PRIMARY Grade CAUSE OF DEAT CAUSE OF DEAT CAUSE OF IN Hour o. p. 21. I certify death result	CAUSE WAS 200 CONTRIBUTING 11 III.	b. DESCRIBE HOW INJURY 20d. INJURY OCCU While Not we of work at wor	IRRED 200. PLAC foctor k Suice control Sui	TE OF INJURY (Home, iry, street, office bldg., ve, held on Autocide , Homic	Part I or Part II of iarm, 20f. (City or etc.)	item 18.) town)	(County) nquiry [5],	PERFORMED? NO (State)
20g. EXTERNAL PRIMARY Grant CAUSE OF DEAT CAUSE OF IMPORT OF IN Hour o. P. 21. I certify death result	CAUSE WAS 20 CONTRIBUTING 20 IH. BJURY Month, Day, Yea m. 19 that I took charge	b. DESCRIBE HOW INJURY 20d. INJURY OCCU While Not we of work at wor	RRED 200. PLAC	TE OF INJURY (Home, iry, street, office bldg., re, held on Autocide , Homic	Part I or Part II of iarm, 20f. (City or etc.) psy, Inside, Und	item 18.) rtawn) pection , I	(County) nquiry [5],	(State)
20g. EXTERNAL PRIMARY Grade CAUSE OF DEAT PRIMARY GRADE CAUSE	CAUSE WAS 20 Ift. BJURY Month, Day, Yea m. 19 thot I took charge and from: Notural of	b. DESCRIBE HOW INJURY 20d. INJURY OCCU While Not we of work at wor	PRRED 200. PLAC factor k Suice Scribed obovent , Suice	TE OF INJURY (Home, in the property of the pro	Part I or Part II of iarm, 20f. (City or etc.)	item 18.) rtawn) pection , I	(County) nquiry [5],	(State)
20g. EXTERNAL PRIMARY or CAUSE OF DEAT 20g. TIME OF IN Hour o. p. 21. I certify death result ACTUAL SIGNATURE EXAMINER'S NAME (Type)	CAUSE WAS 20 IN. 20 IN. 19 IJURY Month, Day, Yea m. 19 Ithot I took charge red from: Notural of the charge William	b. DESCRIBE HOW INJURY OCCU While of work at wor of the remains decouses , Accid	PRRED 200. PLAC factor k Suice Scribed obovent , Suice	TE OF INJURY (Home, try, street, office bldg re, held on Autocide , Homic _M.D. CHIEF MEDICA ASSISTANT ME DEPUTY MEDIC	Part I or Part II of arm., 20f. (City or psy, Ins ide, Und L EXAMINER DICAL EXAMINER []	item 18.) rtawn) pection , I	(County) nquiry [9],	(State)
20g. EXTERNAL PRIMARY Grade CAUSE OF DEAT CAUSE OF DEAT CAUSE OF IN Hour o. p. 21. I certify death result SIGNATURE EXAMINER'S NAME (Typo)	CAUSE WAS 20 Ift. BJURY Month, Day, Yea m. 19 thot I took charge and from: Notural of	b. DESCRIBE HOW INJURY While of work at work of the remains decouses D. Accid	PY OCCURRED. (Er	TE OF INJURY (Home, try, street, office bldg. ve, held on Autocide , Homic _M.D. CHIEF MEDICA ASSISTANT ME DEPUTY MEDIC	Part I or Part II of arm., 20f. (City or psy, Ins ide, Und L EXAMINER DICAL EXAMINER []	pection , I etermined cause	(County) nquiry [4], se [1]	(State)
20g. EXTERNAL PRIMARY or CAUSE OF DEAT	CAUSE WAS CONTRIBUTING 20 20 20 20 20 20 20 2	b. DESCRIBE HOW INJURY 20d. INJURY OCCU While of work at work of the remains decouses D. Accid	PY OCCURRED. (Er	TE OF INJURY (Home, try, street, office bldg., re, held on Autocide , Homic , Homic , ASSISTANT ME DEPUTY MEDICA CREMATORY	Part I or Part II of form, 20f. (City or etc.) ppsy, Institute tide, Und L EXAMINER DICAL EXAMINER 22d. LOCATIC	pection , I setermined cause	(County) nquiry [4], se [1]	(State) (State) OATE SIGNED (Slote)

HAMONO STADIONE STANING STANING AND A THE Entrepas . no 21,704 .30 Logington Park But Silley Yourself Handle Handle tani es emil Civili anginepp MINISTRY. erland all'is Si to an Adod memorati a distance il and The desired may be 1.10 boot of malfill Thirt town Dame to the PARTE ,mo2(2E) and total , mentarance . you mitted asselve

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M)	1. PLACE OF DEATH o. COUNTY	St.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13062

1. PLACE OF DEATH				2.	USUAL RESIDEN	CE (Where dec			n: Residenc	e before o	admission	1)
o. COUNTY	St. Mary	3	MARY	CLAND	o. STATE Mary	Land	Ь.	COUNTY	St.	Mar	ys	/
b. CITY OR TOWN (I	f outside corporate lim	ts, write	. LENGTH OF STAY	IN 16	c. CITY OR TOW	/N (If outside o	orporote limit	s, write Rl	JRAL ond gi	ive neares	t town)	
	eonardto	m			Ride	ge						
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street oc	ldress)		d. STREET ADDR	RESS				e. I	IS RESIDI	ENCE ARM?
OK MASHIOTION	St. Mary	s Hos	pital		Rura	al					ES D	
3. NAME OF DECEASED	Fi	st	Middle		Last	4. DA	TE	Mon	th	Day	Yeo	or
(Type or print)	JOHN		ABLE	BF	RADBURN			vemb	er 7	7	19	61
S. SEX	6. COLOR OR RACE	7. MARRIE	D X NEVER MARRI	ED 🔲 8. C	ATE OF BIRTH		9. AGE	(In years irthdoy)	IF UNDER		- 1	
male	white	WIDOWED	DIVORCE	D	pril 27	7. 188		4 yrs.	Months	Doys H	lours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b. KI	IND OF BUSINESS C	OR INDUSTRY	11. 8IRTHPLACE	(State or forei	gn country)		12. CITI2	ZEN OF W	HATCO	UNTRY?
Machir			ivil Ser	vice	Mary	land				USA		
13. FATHER'S NAME				1	4. MOTHER'S MA	IDEN NAME					77	211
1	Vicent Je	ffers	on Bradb	urn		В	ertie	Eli	zabet	th S	iss	on
15. WAS DECEASED EVE		CES? 16. SC			RMANT			Addr				
no	(If yes, give war ar dates or	22	0 16 886	8	Marv	A. Br	adbur	n - :	Ridge	e. M	arv.	land
	ATH [Enter only one co	use per line	for (o), (b), ond (c)	1						INTERV	AL BETV	VEEN
PART I. DEA	TH WAS CAUSED BY:	Pur	ofure of	Quiti	- Rusus	4640				1.00	AND D	EATH
022			1	1-03 VI I	0	1 1 1 2 2				782/8		20 8 100
Conditions, if o	ny which \											
gove rise to i	m mediote											
lying couse lost.	the under-											
PART II. OTH	HER SIGNIFICANT CON		NTRIBUTING TO DE	ATH BUT NO	T RELATED TO TH	ETERMINAL DIS	SEASE COND	TION GIV	EN IN PART	1(o) 19. 1	WAS AU	TOPSY
PART II. OTH			1087	177							PERFORA ES 🗍 1	
20a. ACCIDENT WA	AS UNDERLYING	20b. DESCR	RIBE HOW INJURY C	OCCURRED. (I	inter noture of inj	ury in Port I o	r Port II of ite	m 1B.)	772			
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)											
3 20c. TIME OF INJUR	Y Month, Doy, Ye	ar 20d. INJ	URY OCCURRED		OF INJURY (Hom		(City or town)	(C	ounty)		(Stote)
20c. TIME OF INJUR Hour o.m.	19	While of work	Not while	foctory	, street, office blo	lg., etc.)						
					1115	7.7.444	1.		10/		(1)	
	t (I) (this haspita											
saw the deceas	sed alive an 🔑	of Johns	19 <u>@r_</u> , and	that dea	th accurred a	to_s_M, tr	am the ca	uses an	d an the	date st		DATE
220. SIGNATURE	Robert 9	· Fars	h.,	M.D		MED. DIRECTOR	STAF					SIGNED
22c. PHYSICIAN'S NAME (Type)	Robert F	uchs,	MD		22d. ADDRESS	Leona	rdtow	n, M	d.	1	1/8,	/61
23o. BURIAL, CREMATIC	N, 23b. DATE THERE	OF	23c. NAME OF CEN	ETERY OR C	REMATORY	23d. L	OCATION (Ci	ty, town, o	or county)		(Stote)	
Burial	11/10	/61	St. Mi	chael	S		Ridge	. Ma	rylar	nd		
24. FUNERAL DIRECTOR			ADDRESS		25	DEC'D BY DE	CICTOAD	25b. REGIS	STRAR'S SIG	NATURE		4
P.B. R	hinson -	Leon	ardiown	Md.	DA	NOV 1 4	61	Ont	hur 8. 1	Trues		

VR A1S (4) 1SM 9/59

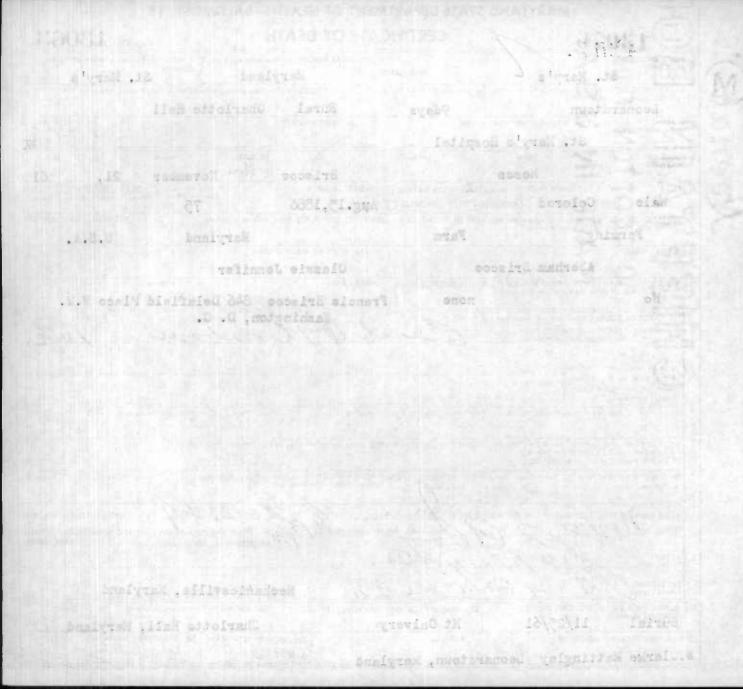
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	1307	76		CERTIFICA	ATE OF D	EAT	Н		Reg. Dist.	1.3063
	e of DEATH	Mary's		MARYLAND	2. USUAL RESID		here deceased	l lived. If institution b. COUNTY		efore admission)
b. CIT	TY OR TOWN (If o	utside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If	outside corpor	rate limits, write R	URAL ond give	nearest town)
	Leonard			9days	Rura	al	Charl	otte Hal	1	
d. NA OR	AME OF HOSPITAL R INSTITUTION	St. Mary			d. STREET A	DDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAM	E OF	Fir		Middle	Last		4. DATE	Man	th	Day Year
	ar print)	Mo	ses		Bris	scoe	DEATH	Novembe	r 21	1961
5. SEX	6	. COLOR OR RACE	7. MARE	NEVER MARRIED	B. DATE OF BIRTH	1		9. AGE (In years last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HR
1	Male	Colored	WIDOW	ED DIVORCED	Aug.15,18	386		75 yrs.	Months Day	rs Hours Min.
10a. USL duri	IAL OCCUPATION ing most of working Farmir	(Give kind af work life, even if retired	done 10b.	Farm	ISTRY 11. BIRTHPL	ACE (State		yland		S.A.
13. FATH	ER'S NAME				14. MOTHER'S	MAIDEN	NAME			
		Aberham E	risco	oe .	Class	sie J	ennife	r		
15. WAS	DECEASED EVER	N U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFORMANT	47		Addi	ess	
(100, 110, 0	No (If	res, give wor or dones or s	er vice)	none F:	rancis Br	isco	e 846	Delafie	ld Place	N.W.
Co ga cau lyir	PART t. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (c DUE TO which a under- (c))	ne for (a), (b), and (c).]	breft	16	ton, D	bour		NTERVAL BETWEEN
CERTIFICATION 30 SO				CONTRIBUTING TO DEATH BU					EN IN PART 1(a	PERFORMED?
	ACCIDENT WAS CONTRIBUTING THER, NOTIFY ME	UNDERLYING CAUSE OF DEATH CAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of	finjury in	Part I or Part	t II of item 1B.)		
WEDICAL 20c.	TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	While		ACE OF INJURY (Fictory, street, office			or town)	(Coun	ty) (Stat
ACTI SIGN	ve on 187	l attended the	deceas 2, 18	ed from form and that death form for the for	M.D.	174	ADDRESS (SI	1	d on the do	aw the decease the stated above DATE SIGNE
22a. BUR	RIAL, CREMATION,	22b. DATE THEREC	F	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCAT	ION (City, town,	or county)	(State)
Bi	ACVAL (Specify)	11/25/61		Mt Calvery			Char	lotte Ha	ll. Mar	vland
23. FUNE	RAL DIRECTOR'S	IGNATURE		ADDRESS		24a. REC	D BY REGIST	RAR 24b. REGI	STRAR'S SIGNA	TURE
W.CI	larke Met	tingley	Leon	ndtown Man-1		DANO	128'61	Chil	wo S. First	U.S.

W. Clarke Mattingley Leonardtown, Maryland

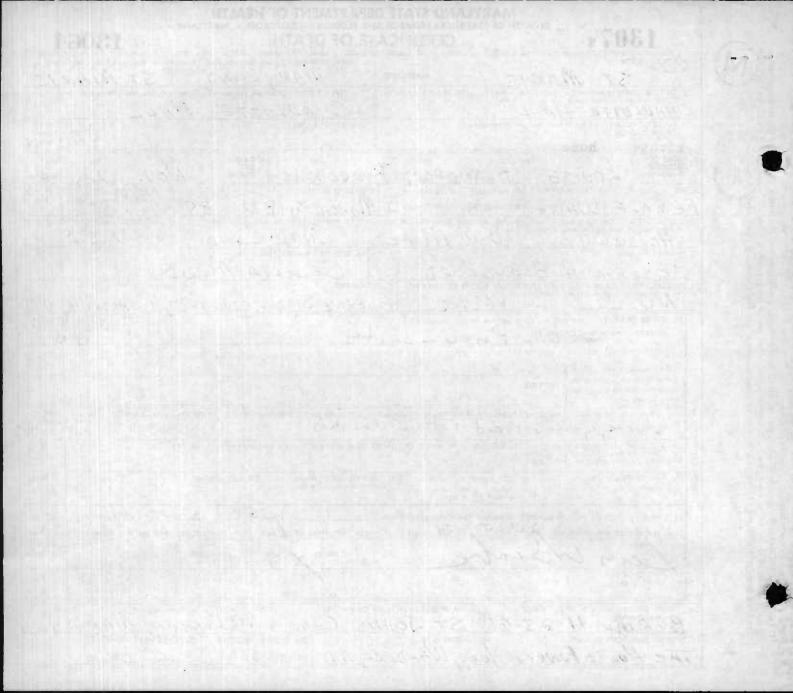


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13077

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13077 CERTIFICA	ATE OF DEATH 13064
1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE A. A
31 MARY	MARYLAND SIMIARYS
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
CHARLOTTE HALL	XCHARLOTTE HALL
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM
Private home	priv.home YES NO.
NAME OF DECEASED (Type or print) LOUISE BLANDFORD F	BURROUGHS 4. DATE Manth Day Year OF DEATH NOV. 22, 196
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
FEMALE WHITE WIDOWED DIVORCED	MARCH 8, 1872 Sq yrs. Months Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSE wife OWN HOME	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTS 12. CITIZEN OF WHAT COUNTS
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH H. BLANDFORD	CECELIA MUDD
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
NO NONE E	: UGENE S. BURROUGHS-JR, HUGHESVILLE M.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND PEATH
MMEDIATE CAUSE (a) LEUMONI	36
DUE TO	
Canditians, if any, which gave rise to immediate (b)	
cause (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT SCUERE, SCUERS SCUERS SCUERS	-(erub!)
	RED. (Enter nature of injury in Part I ar Part II of item 18.)
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	DIACE OF INITIDY (Home form 1906 (Cit)
Haur a.m. While Nat while	PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Statary, street, affice bldg., etc.)
p. m. 19 at wark at wark	<u> </u>
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on 1961, and that	death accurred at JAM, from the causes and an the date stated above
22a. SIGNATURE	22h DATE
I en vouve	M.D. PHYS. DIRECTOR PHYS.
M2c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State)
BURIAL 11-25-61 ST JOH	NS CEM. CLINTON, MARYLAN
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
The Hught Funeral Home WALDON	CE MD DATE NOV 2 8 '61 comban & Krough



TO HOSEXTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death, to 4 may be retained by the hospital or attending physician.

S TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-chould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the State Dept.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
13078	CERTIFICATE OF DEATH	13065

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)					
St. Mary's	MARYLAND	Maryland St. Charles					
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16			JRAL and give neerest town)			
Leonard town	21 days	Rural	Newport	08x.2			
d. NAME OF HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS	Henborc	a. IS RESIDENCE			
St. Mary's Hospi	4-1			YES TO NO			
3. NAME OF First	Middle	Last 4. D		Day Year			
DECEASED (Type or print)	D	0	EATH	10 65			
	Pauline ARRIED NEVER MARRIED 8	Cole DATE OF BIRTH	November 9. AGE (in yeers if				
		. Division bloom	lest birthdey) M	onths Deys Hours Min.			
1 omalo		tober 25,1893	68 yrs.				
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & St	ete, or toreign country)	12. CITIZEN OF WHAT COUNTRY?			
Housewife	Home		Maryland	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
James Baker		Liza Nels	on				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1		Address				
(Yes, no, or unkown) (If yes give we ror detes of service		nor Bowman					
18. CAUSE OF DEATH [Enter only one caus		nor bowman		INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	0.5	/ . 7		ONSET AND DEATH			
IMMEDIATE CAUSE (e)	Colonar	injaris		Thro			
DUE TO	X X						
Conditions, if eny, which (b)							
(a), stating the underlying DUE TO							
ceusa last. (c)							
PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
				YES NO			
20e. ACCIDENT WAS UNDERLYING 20th	. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I o	r Part II of itam 18.)				
PART II, OTHER SIGNIFICANT CONDITION 206. ACCIDENT WAS UNDERLYING 2016 207. CONTRIBUTING CAUSE OF DEATH UT IF EITHER, NOTHER, MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Dey, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 1 20	f. (City or town)	(County) (Stata)			
Hour e.m.	WhileNot While fact	ory, street, office bldg., etc.)					
	at work at work	A 0	Ala .				
21. I certify that (I) (this hospital)							
saw the deceased alive on	19.5. 19.5. and that	death occured at.11M,	from the causes an				
22a. SIGNATURE	1 200	ATTENDINGMED.	STAFF	22b. DATE / SIGNEL			
CAM	15 32 M	.D. PHYS. DIRECTO		11/17/10			
22c. PHYSICIAN'S	2 1 1/2	22d. ADDRESS		. / / /			
NAME (Type) William D.	Boyd M.D.	Leonard	town, Maryla	nd			
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY - 23d	LOCATION (City, town	or county) (State)			
REMOVAL (Spacify)	St Toronh		Morganza,	Md.			
Burial 11/18/61 24 FUNERAL DIRECTOR'S SIGNATURE	St. Joseph	25e. REC'D BY	REGISTRAR 256. REGIS				
		NOV 2		hur S. Frans			
W.Clarke Mattingley Lec	naratown, Marylar	nd DATE					

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Maryland W.S. S.

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Angeles Internet

10 of reductol elon

68 Cotober 25,1895 68

18t, Larg's Mospital

Peulling

data.

James Salcer

onon

Lisa holgon

Eliser Sowenia

William D. Boyd M.D.

Burist 11/18/61 St. Joseph

backying , mosbragosi

lorganus, Ma.

W. Larke Lattingley Lecture town, Maryland

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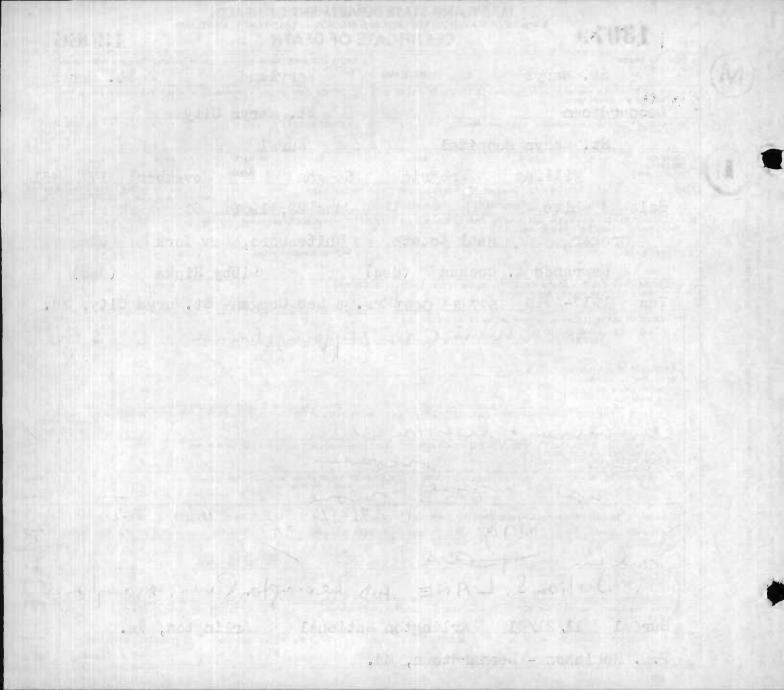
13079

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13066

1. PLACE OF DEATH				an: Residence befare admission)
o. COUNTY St. Marys	MARYLAND	o. STATE Mary	and b. COUNTY	St. Marys
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside carporate limits, write R	URAL and give nearest tawn)
Leonardtown		St. N	larys City	
d. NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE
St. Marys Hos	pital	Rura		YES NO NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Man	th Day Year
(Type or print) William	Fredrick	Coogan	DEATH Novemb	
S. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs Min.
male white WIDOW	ED DIVORCED	June 23.	1961 60 yrs.	Mulins Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?
during mast of warking life, even if retired) Broker	Real Estate	Whitecho	ro. New York	USA
13. FATHER'S NAME	car movace	14. MOTHER'S MAIDEN N		USA
	1			/ 2 \
	oogan (dec		Libby Ripks	
(Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT	Addi	
Yes 1917-1919 5	77 18 0491 Mr	s.Be Lee Co	ogan-St.Mar	rys City, Md.
18. CAUSE OF DEATH [Enter only one cause per li		111		INTERVAL SETWEEN
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (g)	elatic	Ner longe	Chama	ONSET AND DEATH
180 X DUE TO	.0100110	1	Par agreement	100
1001		N)	9
Canditians, if any, which gave rise to immediate (b)				
cause (a), stating the under-				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIV	'EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 Chosonce -	liver Paik	ne.		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 18.)	
	no	ne_		
3 20c. TIME OF INJURY Manth, Day, Year 20d. I		ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc		(Caunty) (State)
Haur a. m. While at war	rk at wark	ciary, street, affice blag., etc		
		7/2/61 10	11/2	20(1 11 11)
21. I certify that (I) (this haspital)/atten			to	, 1961, that (I) (we) last
saw the deceased alive on	4119, and that a	death occurred at 2.17	M, from the causes an	d an the date stated above.
20. SIGNATURE		ATTENDINGM	FD STAFF	22b. DATE SIGNED
July 7	Ser	M.D. PHYS.	RECTOR PHYS.	
22C. PHYSICIAN'S NAMA (Type)		22d ADDRESS	100	1 1 .
Jon S, I	-AME H	18. Lexing	You tack,	many and
23a. URIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, tawn,	ar county) (State)
RMOVAL (Specify) 11/21/61	Arlington		Arlington.	Va
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'	D BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
		DATE N	OV 2 0 '61 a	Lithur S. Kracks
P.B. Robinson - Leo	nardtown. Mo	DAIL		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12067

	100	00	CERTIFIC	AIE OF DEAT	П	Reg. Dist. No.	
1.	PLACE OF DEATH o. COUNTY	. Mary's	MARYLAND	O STATE	h COUNT	ian: Residence before admission)	
	b. CITY OR TOWN	If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town)	
	RURAL and give n		13 days	X Rural	Hollywood		
	d. NAME OF HOSPI	TAL (If not in hospitol, give str		d. STREET ADDRESS		e. IS RESIDENCE	
	OR INSTITUTION	St. Mary's Ho	nemitel			ON A FARM?	
3.	NAME OF	First	Middle	Last	4. DATE Mo		
3.	DECEASED (Type or print)	Grace	Mae	Davis	4. DATE MO OF DEATH NO VOM		
5.	SEX	6. COLOR OR RACE 7. M	ARRIED 🔣 NEVER MARRIED 🔲	8. DATE OF BIRTH	9. AGE (In years last birthday)		
	Female	White WIDE	OWED DIVORCED	Sept. 16,19	10 51 yrs	Months Days Hours Min.	
10	. USUAL OCCUPATI	ON (Give kind of work done 1	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stat	e or fareign country)	12. CITIZEN OF WHAT COUNTRY?	
	House	king life, even if retired)		Weshi	ngton, D. C.	U.S.A.	
13.	FATHER'S NAME	,11220	TENTO NAME OF	14. MOTHER'S MAIDEN	NAME		
		Dhalan Chon	aldina	Blenc	he Parker		
15	WAS DECEASED EVI	Philip Ches		INFORMANT		dress	
	H, no, or unknown)	(If yes, give wor or dates of service)		red L. Davis		, Maryland	
7	PART I. DE	the <u>under-</u> DUE TO (c)	ca con mesar	pares fail		INTERVAL BETWEEN ONSET AND DEATH	
CATION	E SE AR					VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO	
CERTIF	OR CONTRIBUTING	AS UNDERLYING (1) 20b. I G (2) CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Part II of item 18.)		
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	wi wi		PLACE OF INJURY (Home, far factory, street, office bldg., e		(County) (State	
	21. I certify that I attended the deceased from 11.7.60, 19, to 12.1, 1961, that I last saw the deceased alive an 11.25 b. 19, and that death accurred at 42.4 M, from the causes and on the date stated above ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D.						
	PHYSICIAN'S	A Commade M	n		Lannandton	Manual and	

22c. NAME OF CEMETERY OR CREMATORY

Cemetery

Nazarene

TO HOSPIT

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page by the haspital ar attending physician.

VS A15 (4)

220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

ADDRESS

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

Hollywood,

23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley Leonardtown, Maryland

22b. DATE THEREOF

11/27/61

DATE OV 2 8 '61

arling & House

(Stote)

Maryland

Spale of the later of the same Description Larent to the larent model and the condition and fattenti u geni de reduction of the call owners Yourle bilto of the sept. 16,1910

Veshington, D. D. rein density distriction and the contract of t

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L.B.U

2012 (101) 2007

william A. Semail II. D.

Burget LL/2761 Magazone Cometary - Hollgwood, Bargland

Landigton , med brancel ...

breigned , myofacardeed byelgates at afrail of

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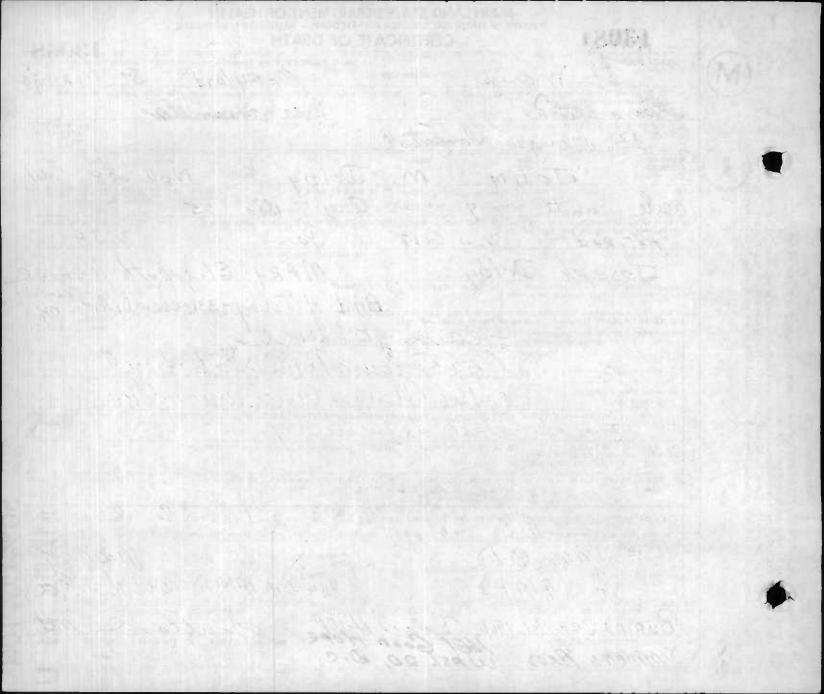
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

_												-
	C	EF	RT	FI	CA	ATE	O	F	DE	A	П	4

OF DEATH				1200
UAL RESIDENCE (Where	deceased lived.	If institution:	Residence	before admission
	- / h		01	0.

'-	o. COUNTY St. Marys MARYLAND O. STATE	MARU/AWA ST MARUS
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR RURAL and give nearest town)	R TOWN (If autside carporate limits, write RURAL and give nearest town)
	Demaratoun	lec wenceville
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET d. STREET	e. IS RESIDENCE ON A FARM? YES NO
12	3. NAME OF First Middle	ast 4. DATE Month Day Year
	OBCEASED (Type or print) John M. Dol	hy Day Year Death Nov. 28 196/
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BII	RTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male white WIDOWED DIVORCED aug.	7-1886 lost birthday) Months Days Hours Min.
100	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	KetiRed 4. S. Goit.	Pa. U.SA
13.		S MAIDEN NAME
	Joseph Dolby	MARY Elizabeth Weaver
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give wor or dates of service)	(S) Address Address
1,	Rind	H. Dolly - 3300 Charal Are
F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	
	153.3 DUE TO 0	4 . 4 / /
	Conditions, if ony, which) (b) (allinoual	our - Justines
	gave rise to immediate	0 17/
	coise (d), stoling the under-	(michina) of sound
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S	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY foctory, street, off	(Y (Hame, farm, 20f. (City or town) (County) (Stote)
MEDICAL	Hour o. m. While Not while at work at work	lice diag., etc.)
	21. 1 certify that (1) (this haspital) attended the deceased from 1/1. 2	3 196/ta // 28 196/that (1) (we) last
	saw the deceased alive an 11 2 8 19 61, and that death accurr	red at LPM, fram the causes and an the date stated above.
	22o. SIGNATURE	, 22b. DATE
	A-Jamal) M.D. ATTEND	DIRECTOR PHYS. // OS , 6 /
	22c. PHYSICIAN'S NAME (Type) A. (AMA)	EONARDTOWN-Md.
23	23a. BURTAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCARION (City, town, or county) (Stote)
	DURION Dec. 151-1961 Cedar Helt	me me
24	24. FUNERAL DIRECTOR'S SIGNATURE / COPESS 6000 180P	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
0	SIMMONS BROS INAST 20, W.C.	DATE 2 181 Outling S. Known

TO FUNE VR A15 (4) 15M 9/59



TO HOSEVIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after death. Set may be retained by the hospital or attending physician.

TO FC SAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 7/61

DECRESED Companies Walter Pruitt Dorough DEATH November The 29, 19 61	DIVISION	OF STATISTICA	AL RESEARC	CERTIFICA	ATE OF D	PRESTO	N STREET	r, BALTIM	ORE 1, MA	ARYLAN	D
S. COUNTY St. Mary's b. CITY OR TOWN (If outside compents limit, with RURAL and give nearest forwn) FIRTRAL HOLLYWOOD d. NAME OF DECEASED If you do you have all own of the supplied, give afreed address) A. STREET ADDRESS Rural HOLLYBOOD d. NAME OF DECEASED If you do you have all yo	1. PLACE OF DES	TH			II 2 TIOTERY T	PERIDENC	E (Whom do	esed lived If	institution. Real	idence before	admission
B. CHT OR TOWN If auxides corporate limits, write RURAL and give nearest town) Rural Hollywood A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitals), give direct address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitals), give direct address) A. STREET ADDRESS A. STREET ADDRESS A. STREET ADDRESS A. STREET ADDRESS A. DATE Month Day Year White Wildle Pruitt Dorough DEATH November 28 29, 19 61 5. SEX 6. COLOR OR RACE 7, MARRIED 10 NORCED 11 July 4, 1902 6. STREET ADDRESS Male Wildle Wildle Pruitt Dorough DEATH November 28 29, 19 61 6. COLOR OR RACE 7, MARRIED 10 NORCED 11 July 4, 1902 6. STREET ADDRESS Male Wildle Wildle Wildle Pruitt Dorough DEATH November 28 29, 19 61 6. COLOR OR RACE 7, MARRIED 10 NORCED 11 July 4, 1902 6. STREET ADDRESS Male Wildle Wildle Pruitt DOROUGH DEATH November 28 29, 19 61 6. COLOR OR RACE 7, MARRIED 10 NORCED 11 July 4, 1902 6. STREET ADDRESS Male Wildle Pruitt DOROUGH DEATH November 28 29, 19 61 7. AGE In young If UNDER 11 HEAR 10 NORE 22 HES. Married 10 North Married 10 Nort					a. STATE				ITY		, Junission
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Male White Wide Unioned Divorced Divo	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	Н		AGE (In years	IF UNDER 1 YE	AR IF UNDE	ER 24 HRS.
IDA COUNTING Give kind of work and country IDA COUNT	Male	4.73 4 4			July 4.1	902			Months Day	/s Hours	Min.
S. FATHER'S NAME	10e. USUAL OCCUP	ATION (Give kind of wor	k 1Db. KIND C			•	y & State, or fo	oreign country)	12. CITIZE	N OF WHAT	COUNTRY
Walter P. Dorough Sr	done during most of	working life, even if retire	ed)							S.A.	
15. WAS DECEASED EVER IN U.S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18.	13. FATHER'S NAME		1		1 14. MOTHER'S					0.11.	
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18. CAUSE OF DEATH [Enter only one cause py] line for (e), (b), and (e).	15. WAS DECEASED					HITTD	OII	Address			
B. CAUSE OF DEATH [Enter only one cause of line for (e), (b), and (c).] PART I. DEATH WAS CAUSE (e) DUE TO DUE T	(Yes, no, or unkown)		service) 7 10	0. 2			U-1				
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20c. TIME OF INJURY Hour s.m. p.m. 19 20d. INJURY OCCURRED While of work of factory, street, office bldg., etc.) 21. Certify that (I) (this hospital) attended the deceased from 190, end that death occurred at 200, from the causes and on the date stated above 22c. SIGNATURE 22c. PHYSICIANS NAME Type) 2ames P. Jarboe M.D. 2ac. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 20d. INJURY (Home, farm, 20f. (City or town) (County) (County) (County) (County) (County) (Stete) (City or town) (County) (County) (Stete) (County) (County) (County) (County) (County) (County) (Stete)	2De. ACCIDENT	WAS UNDERLYING	20b. DESCRIBE	HOW INJURY OCCU	RED. (Enter nature of	f injury in P	ert I or Pert II	of item 1B.)	ay		
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21. certify that () (this hospital) attended the deceased from 196, that () (last saw the deceased alive on 196, that (last saw the deceased alive on 196, that (last saw the d				RY OCCUPRED 1 200	PLACE OF INILIRY II	Home farm	. ' 20f. (City	or town)	(County	1	(State)
21. certify that () (this hospital) attended the deceased from 196, that () (last saw the deceased alive on 196, that (last saw the deceased alive on 196, that (last saw the d	Hour a.m		While	Not While	factory, street, office	bldg., etc.)	2011 (411)	01 10 11 11	(000)		(5.5.5)
saw the deceased alive on					O	/	1	11/1	01-1	1	
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ATTENDING DIRECTOR STAFF PHYS. DIRECTOR PHYS. DIREC	. /		.3 / 912.11			ed al	M, from	the causes	and on the	date stat	ed above
22c. PHYSICIATS NAME (Type) James P. Jarboe M.D. 23c. NAME OF CEMÉTERY OR CREMATORY REMOVA (Specify) Burial PHYS. DIRECTOR PHYS. 22d. ADDRESS 22d. ADDRESS 22d. LOCATION (City, town or county) (Stete) Ebenezer Cemetery Great Mills, Maryland Control of the county of the c	22e. SIGNATUR	E/	(J) 14	/	ATTEMPIN	15.4	de n	CTAEE		22	2b. DATE
NAME (Type) James P. Jarboe M.D. Great Mills, Maryland 30. BURIAL CREMATION, 23b. DATE THEREO REMOVAL (Specify) Burial 12/1/61 Ebenezer Cemetery Great Mills, Maryland (Stete) Great Mills, Maryland		bankl	1 to	nNOT-	DING					171	1301
James P. Jatboe M.D. Great Mills, Maryland 3a. BURIAL CREMATION, 23b. DATE THEREO REMOVAY (Specify) Burial 12/1/61 Ebenezer Cemetery Great Mills, Maryland CStete) Great Mills, Maryland		S	14	0	22d. ADD	DRESS				1	10
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Burial 12/1/61		ATION, 236. DATE THE			RY OR CREMATORY						(Stete)
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	REMOVAL (Speci			Ebenezer	Cemetery		Great	t Mills	, Mar	yland	
	24 FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS	4-1	25a. REC	D BY REGISTI	RAR 25b. RE	GISTRAR'S SIG	NATURE	9-1
W. Clarke Mattingley Leonardtown, Maryland DATE DEC 4 '61 Outling S. Krane	W.Clarke	lattinglev	Leonardt	town Maryl	and	DATE	DEC 4	61	Orthur S.	Traves	

MARYLAND STATE DEPARTMENT OF HEALTH

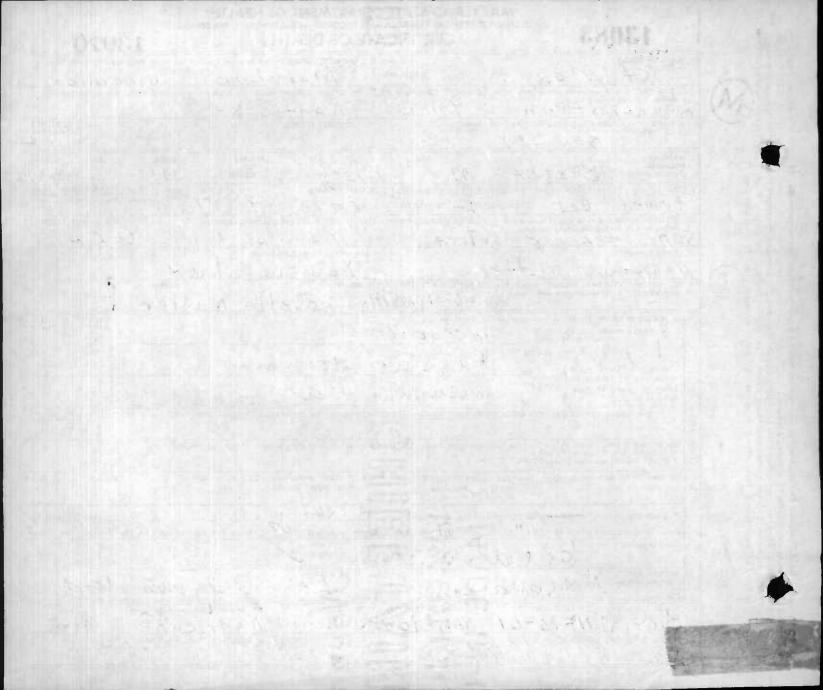
CARRIE h want see Shewly roll. a becal . All Room lon laws 1 .ary os boomglion Intio. walter Frait Doronga Revenuer EB 29, 03 4 2502 BJH. Sin. Georgia W.S.A. month of bes 7 . 10.04 . 1.10113 bestvand, alike Jaogo James P. Jarboo M.D. urisl 12/1/61 / Summerer Cenetery Crest Hills, Aprylated in lyran , mood reconstruction. Wir a.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13070

1, PLACE OF DEATH.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY MARYS MARYLAN	g. STATE
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Leonard town 9 MOS	Nanticoke
d. NAME OF HOSPITAL (If nat in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION BOX 287	ON A FARM? YES NO
3. NAME OF DECEASED ROLL First Middle	Lost 4. DATE Month Day Year OF DEATH
5. SEX 6. COLOR OR RACE 7. MARRIED IN NEVER MARRIED IN	713-1
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED **Temale Co WIDOWED DIVORCED	C/C lest birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	IDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY
Schoolteacher Raired	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAJOEN NAME
Agustus Mutter	Louisia Black
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1. (Yes, no, or unknown) (If yes, give war or dates of service)	7. INFORMANT Address
- 320-01038	Mrs Love / A Nutter
18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Heart fail	une
DUE TO	
Conditions if now which	· Cours
gove rise to immediate DUE TO	- 0 /
lying cours last	ie ca
, (0)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	PERFORMED? YES NO
	RRED. (Enter noture of injury in Part I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stote
Haur a. m. p. m. 19 While Not while of work at work	factory, street, affice bldg., etc.)
	m in 1 86/ 19 to 19 that (1) (we) las
21. 1 certify that (I) (this hospital) attended the deceased fra	
saw the deceased alive an 1111 1961, and the	at death accurred at 9.7 M from the causes and an the date stated above
Occarrance	ATTENDING MED. STAFF SIGNE PHYS.
22c. PHYSICIAN'S NAME (Type) JE M. Barbarich	Leonard Jun / 4eq
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
But 12 11-16-61 NAN +100	oke cem Nanticoke Md.
24. FINERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Tomerke on hill . Easter	DATE DATE



this

0

After this

DING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be exe

ATT SING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 bours after death. certificate has been executed by the attending physician and completely filled in by the funeral director, the third coppeant certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M -

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13084

CERTIFICATE OF DEATH

13071

						R	eg. Dis	t. No		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED									
COUNTY St. Mary's		MARYL		STATE Mal						
OR and give nearest town)	RURAL	LENGTH OF	STAY aca)	CITY (If outside OR	de corporet	e limits, write RURAL e	nd give nee	rest town)		
TOWN Leonardtown		D.O.		TOWN	Rura	l Hollyw	hoo			
HOSPITAL OR				STREET	31424		e location)		1	
STREET ADDRESS DOA St. Ma	awate Hoev	fot be		ADDRESS						
3. NAME OF (First)		Middle)		(Last)		4. DATE (Mor	nth)	(Dey)	(Yea	(r)
(Typa or Print)	7		0			OF DEATH N				
Francis	7. SINGLE, MARRIE	D.	B. DATE C		10	AGE lest birthdey	ovemb		7 19 C	
RACE	WIDOWED, DIV	ORCED.					Months	Deys	Hours	Min.
Male White	(Specify) Mar	ried		4,1912		49 yrs.			1	
10e. USUAL OCCUPATION (Give kind of wo done during most of working life, evan	ork 106, KINI or if OR	D OF BUSINESS INDUSTRY	,	11. BIRTHPLACE (State	or foraign	country)	12	2. CITIZE	N OF WHA	AT
retired) Carpenter		200				Maryland		U.S.I	1.	
13. FATHER'S NAME				14. MOTHER'S M	AIDEN NA	ME				
Louis D. G				Elizah						
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unk.) (If Yes, give war or dete		SOCIAL SECU	JRITY NO.	17. INFORMA	NT & AD	DRESS				
no (185, give war or one	21	7-07-34	148	E.Regin	na Ga	rner Holl	ywood	, Mar	ryland	d
I DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH	18. MED	DICAL CER	RTIFICATION					ET AND DE	
- I wassing our	40	6)10	COVOLA	Sry occ	1.18	A 10		L	Juni	5
420 MMEDIATE CAUSE	JE TO	1	i	CHY CEC	1031	0.5			, , , ,	7
DISEASES OR CONDITIONS, IF ANY,	(B) Zr	terios	cler	0515.	oro	4704		12	Ure	
GIVING RISE TO THE ABOVE CAUSE	JE TO			,					1	
	(C)									
II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH					net .					
DISEASE OR CONDITION CAUSING DEAT	Н									
19a. DATE OF OPERATION 19b.	MAJOR FINDINGS	OF OPERATION	1						. AUTOPS	
21e. ACCIDENT WAS UNDERLYING	21b. PLACE (Homa	farm factors	. 1	21c. WHERE DID INJURY	OCCIBS	(City or town)	(Cou	YES	(State)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OF INJURY street, o	ffice bldg., etc.	i	ETC. WHERE DID INSORT	OCCURI	(City of fowil)	000)	шу,	(2) 416	
	eer) (Hour) 21e.	INJURY OCCU	RRED	21f. HOW DID INJURY	OCCUR?					
	M. et wo		while							
22. I hereby certify that I atte	ended the decea	sed from	7	4, 19.55, 10	1	JUV , 1961	that I	last eas	u the dea	
				1145 P.M. from	the en	see and on the	, mai i	بهد ادها	v me dec	.easec
SIGNATURE /	7	mar deam	occurred a	,		ESS (Streat, city, tow			DATE SI	GNED
11.00 61	Joul	-<	M.D.							
23. BURIAL, CREMATION, DATE REMOVAL (SPECIFY)	THEREOF	NAME OF	CEMETERY OR	CREMATORY		LOCATION (City, tow	n, or count	y)	(5	Stete)
	21/61	St	John's		7	Hollywood			Md.	
24. REC'D BY REGISTRAR REGIST	TRAR'S SIGNATURE		O O I III D	25. FUNERAL DIREC	CTOR'S SI		,	ADDRESS	214.8	
DATE NOV 21 '61	es S. Trans					ingley Leo	nord+		Md	
DATE				MOUTSIKE	17161 6	THETO'S TICO	TIST OF	O WILL	Little .	

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13072

		a. STATE		b. COUNTY	Residence before edmissi
St. Mary's	MARYLAND	Me	ryland	St.	Mary's
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) Leonardtown	8 days	c. CITY OR TOWN	Chaptico	nits, write RURAL er	nd give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRES			e. IS RESIDEN
St. Mary's Hospit	al				ON A FAR
3. NAME OF First DECEASED	Middle	Lest	4. DATE OF	Month	Day Year
(Type or print) Stephen	Judson	Court	DESTU	vember	8. 1961
5. SEX 6. COLOR OF RACE 7. MARR	NED NEVER MARRIED XX 8.	DATE OF BIRTH	9. AGE (In yeers IF UNDER	The state of the s
Male White WIDOW		uly 31.1894	-	mindey) Months	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster	KIND OF BUSINESS OR INDUSTRY		unty & State, or foreign	country) 12. Cl	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME		
James J. Gough		Laura	Davis		
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 Yes, no, or unkown) (Ifyes give werordetes of service)	6. SOCIAL SECURITY NO. 17. II	NFORMANT		Address	
(ilyes give were releasers ervice)	75 76 6070 W.E.	delen Gough	Chantico	, Marylar	d
18. CAUSE OF DEATH [Enter only one ceuse per		anton doden	onap creo	, maryrar	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Circh	200			ONSET AND DEATH
IMMEDIATE CAUSE (e)	cova	20-44-3		-	- William
58 1.0 DUE TO					
Conditions, if eny, which (b) gave rise to Immadiate ceuse					
(e), steting the underlying DUE TO					
ceuse last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE CONDIT	TON GIVEN IN PAR	T 1(a) 19. WAS AUTOP: PERFORMED: YES NO [
206. ACCIDENT WAS UNDERLYING 206. DI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED.	(Enter neture of injury	in Part I or Pert II of item	18.)	
20c. TIME OF INJURY Month, Dey, Yeer 20d Wh Hour e.m. 19 at w	ileNot While facto	CE OF INJURY (Home, fory, street, office bldg.,		n) (Co	unty) (State)
21. I certify that (1) (this hospital) atte					
	" IV (a / and that	uvalli veculou di.	Apriliant, Hom me	enases alla oll	une date stated app
saw the deceased alive on Mark	19.52./., and that		-		22b, DA1
saw the deceased alive on	M.	ATTENDING PHYS.	MED. STA	FF	22b. DAT /SIGI
saw the deceased alive on Mark	gel M.	ATTENDING	MED STA	FF S. 🗀	11/9/4
saw the deceased alive on	gel M.	D. ATTENDING PHYS. 22d. ADDRESS	MED. STA	FF S. 🗀	41/9/4
saw the deceased alive on	M.D. 23c. NAME OF CEMETERY C	D. ATTENDING PHYS. 22d. ADDRESS	MED. STA DIRECTOR PHY Leonard tow 23d. LOCATION	m, Maryla	41/9/4
saw the deceased alive on	M. M.D.	D. ATTENDING PHYS. 22d. ADDRESS	MED. STA	m, Maryle	and (State) Maryland SIGNATURE

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St. Mary's

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James J. Court

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July 31,1894 67

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Morgania, Margland

Leoneraters, intyland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

S a death to 4 may be retained by the hospital or attending physician.

Yes IN FULLARL DIRECTOR: After this certificate has been signed by the attending physician and complyingly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MEDICAL CERTIFICATION

23

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DIVISION	OF STATISTICAL	RESEA	RCH AND RECORD	EPARTMENT O	N STREET,	H BALTIMO	RE 1, MAR	RYLAND	
130	80		CERTIFICAT	TE OF DEATH	1			307	3_
PLACE OF DEA a. COUNTY St. I	TH Mary's		MARYLAND	2. USUAL RESIDEN		h COUN			admission)
writa RURAL a	N (if outside corporate limits, and give nearest town) Brdtown		c. LENGTH OF STAY IN 16		(If outside corpo		0		vn)
	Aary's Hospit		ital, give street address)	STREET ADDRESS				ON	ESIDENCE A FARM?
NAME OF DECEASED (Typa or print)	First		Middle Spencer	Hammett	4. DATE OF DEATH	Month		ay Yaa	61
Male		. MARRIED	77	8. DATE OF BIRTH Sept. 23, 188	84 9.				Min.
Retired		~	of Business or indus Government	St. Mary's	-Maryl		U S	OF WHAT	COUNTRY?
FATHER'S NAME				14. MOTHER'S MAIDEN					
	encer Hamm			Katherin	e John	son			
s, no, or unkown)	EVER IN U.S. ARMED FORC (If yes giva war or datas of ser	vica)	9	INFORMANT Thomas Hammet		5 63 Address verly, M			
	T DEATH [Entar only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (e)_	euse par lii	1 yocarde	al Faile	uz			ONSET AND	
Conditions, if a gava risa to imm (a), stating tha causa tast.	ediata cause	G	ASC V	ry Insu	ffic	isuc	4	day	15(2) A
	HER SIGNIFICANT CONDITI		TRIBUTING TO DEATH BUT I				EN IN PART 1(a	PERFO	AUTOPSY DRMED? NO
OR CONTRIBUTION	FY MEDICAL EXAMINER)	206. DESC		ED. (Enter natura of injury in		of Hem (a.)			
2Dc. TIME OF IN Hour a.m	1,	20d. II Whila at work	Not Whila fa	LACE OF INJURY (Home, far actory, straet, offica bldg., at		or town)	(County)		(Stata)
1	that (I) (this hospital	. I i	ed the deceased from	at death occured at	20	the causes	and on the		
22a. SIGNATUR 22c. PHYSICIAN NAME (Ty)	mas P	fan	bre	M.D. ATTENDING PHYS. 22d, ADDRESS	MED. DIRECTOR	STAFF PHYS.		11/1	DATE SIGNED
1	James Pl J	arboe	, M.D.	Great	Mills,	Md.			
REMOVAL (Space	11-18-19	61	23c., NAME OF CEMETER	ling	w	ation (City, 100)	, 0	R	itata)
Toleral DIRECT	OR'S SIGNATURE,	ly	ADDRESS 131- Was		NOV 2 0 '6	4	athur 2. 1		

EVOCE The state of the s A STATE OF THE STATE OF THE STATE OF Blighter Carlotter General 77 a the second state of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacaased lived, If institution: Rasidanca bafora admission) a. COUNTY b. COUNTY by the and 2 death St. Mary's MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 164 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ģ write RURAL and give nearest town) .⊑ Leonardtown davs Lexington Park Pages illed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS St. Mary's Hospital 2 Madison Avenue NAME OF Middle 4. DATE Month DECEASED ded compi (Type or print) Hillary DEATH November 3. Thomas Harris 6. COLOR OR RACE 7. MARRIED X NEVER 8. DATE OF BIRTH .iD and last birthday) Male Colored WIDOWED [DIVORCED May BIRTFIPLACE (County & State, or foreign country) physician 10a. USUAL OCCUPATION (Giva kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, aven if retired) Farmer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding Henry Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) | (If yes give war or dates of service) Same as Mary 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY g physic signed t IMMEDIATE CAUSE (a) 290.0 DUE TO affending Conditions, if any, which gava risa to immadiate causa DUE TO (a), stating the undarlying has cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING certificate as use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) for After this detached è 20c. TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work may be retaine DIRECTOR: , n.m 21. I certify that (I) (this hospital) attended the deceased from. pluods A.M., from the causes and on the date stated above. saw the deceased alive on.... . and that death occured a 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS MAME (Type) Great Mills, Maryland James P. Jarbon ector, filed FU 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Spacify)

OL VR A15 (4) 15M 9/60

Burial

24 FUNERAL DIRECTOR'S SIGNATURE

W.Clarke Mattingley Leonardtown, Maryland

Zion Cemetery

ADDRESS

Lexington Park. 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE NOV 9 '61

arthur S. Traces

(County)

St. Mary's

Months

Days

a. IS RESIDENCE ON A FARM?

YES NO X

19 61

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO A

(Stata)

22b. DATE

(Stata)

SIGNED

19(2./.., that (1) (we) last

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

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St. Edgy's

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Mary N. Marris Barg as # 2

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Lexington Fert, Nd.

FOR STATE files. eral director. Page delay is necessary, 0 0 for TO DE TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a felay pleas, ecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the peral of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Box or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hammafight death. VS. A15ME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH COUNTY St. Marys MARYLAND 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edges of the county) St. Marys MARYLAND St. Marys

o. COUNTY St. Marys MARYLAND	•. STATE Md •	b. COUNTY	St. Marys
b. CITY OR TOWN (if outside, corporate limits, write RURAL and give merest town)	Lovevil	outside corporete limits, write RU	
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) St. Marys Hospital	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES X NO
	STON	OF Nov. 1	1, 1961 19
M W. WIDOWED DIVORCED ME	DATE OF BIRTH	22 yrs.	onths Deys Hours Min.
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Laborer 13. FATHER'S NAME		Washington, D.C	12. CITIZEN OF WHAT COUNTRY? U.S.A.
Daniel D. Histon	Eileen E	rosnan	
[fyes, no, or unkown] [fyesgivewerordatesofservice] 2/6-38-3/32 Dan	iel D.Histon	Address 3101 W.Aculpoc	o Drive
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Hemorrhage	est Hollywood	l, Florida	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if eny, which gove rise to immediate couse (e), stating the underlying DUE TO	chest and le	eft lung	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. EXTERNAL CAUSE WAS PRIMARY AT OF CONTRIBUTING COURSE HOW INJURY OCCURED. (Ent. Shot: during an elter	RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN I	N PART 1(e) 19. WAS AUTOPSY PERFORMED? YES XX NO 4
and a second and are all and		or Pert II of item 18.)	
	E OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or town) Charlotte: Hall	(County) (Stete) St. Marys Md.
21. I certify that I took charge of the remains described above, held death resulted from: Natural causes . Accident . Suicid		spection , Inquiry [. Undetermined mann	and in my opinion
ACTUAL Howard Shaule	CHIEF MEDICAL EXA	AL EXAMINER X	ov 12, DATE SIGNED
EXAMINER'S Howard Shaub	DEPUTY MEDICAL E	700 F1	eet St. Baltimore
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CO. 14/96/1 Land OF CEMETER	j	d. LOCATION (City, town, or Morganya By REGISTRAR 24K REGISTR	AR'S SIGNATURE (State)
Welarge Mattingly Londed town,	Md. DATHOV ?	21'81 Sallun	S. Krous

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FOR STATE TO DESTANDED IN THE EXAMINER: This certificate should be executed within 24 hours after death. If a delay is necessary, please, excite the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the caral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Piyision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13076

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaesed lived, If institution: Reside	enca bafora admission)			
St. Marys MARYLAND	a. STATE Maryland b. COUNTY St. Marys				
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	. CITY OR TOWN (If oulside corporate limits, write RURAL and give	a naarast town)			
write RURAL and give nearest town)	California				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	I . IS RESIDENCE			
	Dom o 1	ON A FARM?			
Rural 3. NAME OF First Middla	Rural Last 4. DATE Month Da				
DECEASED	OF				
PANSEY MAUDE	HUGHES DEATH November 5	1961			
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR lest birthday) Months Days	R IF UNDER 24 HRS.			
female white WIDOWED DIVORCED	May 22, 1909 52 yrs.				
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, avan if ratirad)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNTRY?			
housewife domestic	Oklahoma USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
William P. Fay	Alberta P. Humphr	ev			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address				
(Yas, no, or unkown) (Ifyesgivawarordatasofsarvica)	Carl N. Hughes - California,	Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		NTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE	FVT DFF A IN III DIEC	NSET AND DEATH			
9100	TYLINGTH INDUNITS	MMED,			
DUE TO					
Conditions, if any, which gave rise to immediate cause					
(a), stating the underlying DUE TO					
causa last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
5		YES NOX			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. EXTERNAL CAUSE WAS PRIMARY IP OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter natura of Injury in Part I or Part II of itam 18.)				
一次 ニレーン・ハ	IAN HIT BY AUTO				
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL		(Stata)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While Not While at work at work RO	CALIFORNIA ST. MAT	RYS Md			
21. I certify that I took charge of the remains described above, h		d in my opinion			
	cide , Homicide , Undetermined manner	- III III OPIIIIOII			
dealif lesured from: Traidial causes , Accident , Sur					
ACTUAL ()	CHIEF MEDICAL EXAMINER				
SIGNATURE WM X/Jagel	M.D.	DATE SIGNED			
examiner's Name (Type) Wm. D. Boyd MD	Leonar atom powiManny)	1/6/61			
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C		(State)			
	Norfolk, Virgini	a			
Removal 11/7/61 Forest La	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	TURE			
P.B. Robinson - Leonardtown, Md.	DATE NOV 9 '61 Carling S. The	us			
	T DAIL				

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After this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13096

CERTIFICATE OF DEATH

13077

** **	LACE OF DE	ATH			2. USUAL RE	SIDENCE (HOME) OF DECEAS	ED
		37 1		230	M.	aryland St.	Mary's
	TY (If outside c	orporate limits, wr	S PI IP AI	LENGTH OF STA	SIAIE	COUNTY	
O	R end give ne	erest town)		(in this place)	OR	de corporete fimits, write RURAL end give n	eerest town)
10	Lec	nardtown	1	14 days	TOWN X K	ural Avenue	
HO	OSPITAL OR				STREET ADDRESS	(If rurel give location	1)
	REET ADDRESS	St. Ma	ary's Hos	oital	ADDKESS		
	AME OF	(First)		(Middle)	(Last)	4. DATE (Month)	(Dey) (Yeer)
	ECEASED ype or Print)	Mama		A 0	44 T	OF DEATH No semb	
5. SE		Marge COLOR OR			tiss Jones	1 MO AEMO	
J. 3E		RACE	WIDOWED.	DIVORCED,	DATE OF BIKIN	Months	ER 1 YEAR IF UNDER 24 H
dma	le Col	lored	(Specify) M	arried J	une 1,1899	62 yrs. Mointis	Day's Hours Mile
10e. U	SUAL OCCUPATI	ON (Give kind of of working life, ex	work 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stet	e or foreign country)	12. CITIZEN OF WHAT
		ase wife	V#11 11	Home		Maryland	U.S.A.
13. FA	THER'S NAME			1.0410	14. MOTHER'S A		O.D.A.
		167.7.7	J V				
			iam Young			ances Bowling	
		VER IN U.S. ARA Yes, give wer or o		16. SOCIAL SECURITY	NO. 17. INFORM.	ANT & ADDRESS	
n	0	ies, give wer or c	deles of service,	none	Paul N	. Butler 5922 -13th	St.N.W.
GIVING	VII	ABOVE CAUSE	(A) DUE TO (B)	(6)6		Julius 1	200
			(C)				
	IED CIGAMETORS	CONDITIONS CC	MIKIBUTING				
TO		NOT RELATED TO					
DISE	THE DEATH BUT I	NOT RELATED TO	ATH				
DISE	THE DEATH BUT I	NOT RELATED TO		SS OF OPERATION			20. AUTOPSY?
19e. D. 21e. A OR CO	THE DEATH BUT I	NOT RELATED TO ION CAUSING DE ION 19 UNDERLYING 1 AUSE OF DEATH	ATH. 1b. MAJOR FINDING 21b. PLACE (H	ome, ferm, fectory,	21c. WHERE DID INJUR	Y OCCUR? (City or town) (Co	20. AUTOPSY? YES NO unty) (Stete)

PERSONAL CERTIFICATE OF DEATH

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St. Sara a

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Jane horoed

Bushamora.

15M 9/60

MEDICAL CERTIFICATION

	DIVISION			ND STATE DEP	301 W. PRESTO		LTIMORE	1, MARYLAND	
	130	91		CERTIFICATE	OF DEATI	H		13078	3
	PLACE OF DEAT	гн				ENCE (Where dece		titution: Residenca befor	e admission)
		St. Mary's		MARYLAND	a. STATE	laryland	b. COUNTY	St. Mary's	
	write RURAL a	(if outside corporate lim nd give nearest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOW			URAL and giva nearast t	own)
	A NAME OF HOS	Rural Scotl		19 years	Rural	Scotla	nd	1 7. 15	RESIDENCE
				ai, give siteet address)	d. STREET ADDR				N A FARM?
3.	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Day Y	ear
	(Type or print)		eph	Richard	Knott	DEATH	Novembe		9 61
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH		GE (In years IF	Annths Days Hours	DER 24 HRS.
	Male	White	WIDOWED		August 10,1		O yrs.		
do	ne during most of v	ATION (Give kind of wor working life, even if retire	k 105. KIN	D OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (C	County & State, or for	eign country)	12. CITIZEN OF WHA	COUNTRY?
12	Watermar	1			Mar	yland		U.S.A.	
13.	FAIRER S NAME	WATTA W-	***				-10.11		
15.	WAS DECEASED I	William He		OCIAL SECURITY NO. 17.	Mary	Elizabet	Address	rd	
		(If yes give war or dates of				0111			
	18. CAUSE OF	DEATH (Enter only one	cause per line	o for (a), (b), and (c).]	s Louise K.	Simpkins	Riage,	Maryland Interval	SETWEEN
	PART I. DEA	ATH WAS CAUSED BY:	1/81	Inc. la	1 tela	sillal	m.	ONSET AN	D DEATH
	1190	DUE TO	101	or and	1 / 24	reguer	1	0	1 de
	Conditions, if a	1	N	4 ocarde	at br	Agreel	in	de	4
	gava rise to imme	diate cause	-	100	1				0
	(a), stating the cause last.	underlying	//	ASC	V1) 1			42	I.
NO	PART II. OTH	HER SIGNIFICANT COND	ITIONS CONT	REBUTING TO DEATH BUT NO	T RELATED TO THE TE	RMINAL DISEASE CO	NDITION GIVEN	IN PART HE 19. WAS	AUTOPSY FORMED?
CATI								YES [NO I
CERTIFICATION	OR CONTRIBUTIN	WAS UNDERLYING A IG CAUSE OF DEATH FY MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY OCCURED), (Enter nature of injury	y in Part I or Part II of	item 18.)		
MEDICAL	20c. TIME OF IN				CE OF INJURY (Home,		town)	(County)	(State)
MED	Hour a.m.		While at work	Not While tac	iory, sireor, errice brag.	, 516.7	1		
	21. I certify	that (I) (this hospi	tal) attende	ed the deceased from.	Jan	196.1, to	11/3	, 195/, that (I)	(we) last
	saw the dece	ased alive on	(11/)3	3./19.6 and that	death occured a	1,7.20.M, from t	he causes ar	nd on the date sta	ted ebove.
	22a. SIGNATUR	sim &1	No	seil of	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	2	2b. DATE SIGNED
	22c. PHYSICIAN	- (00	1	* 2	22d. ADDRESS				4-1
	//	James P.	Jarbos	3 M.D.		Great Mil	LIB,	Maryland	

23a. BUPIAL CREMATION, 23b. DATE THEREOF BUTIAL (Specify) 11/6/61 23d. LOCATION (City, town or county) Burial 11/6/61
24 FUNERAL DIRECTOR'S SIGNATURE Maryland Ridge, St. Michael's 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS DATE NOV 9 '61 arthur S. Krous W.Clarke Mattingley Leonardtown, Maryland

23c. NAME OF CEMETERY OR CREMATORY

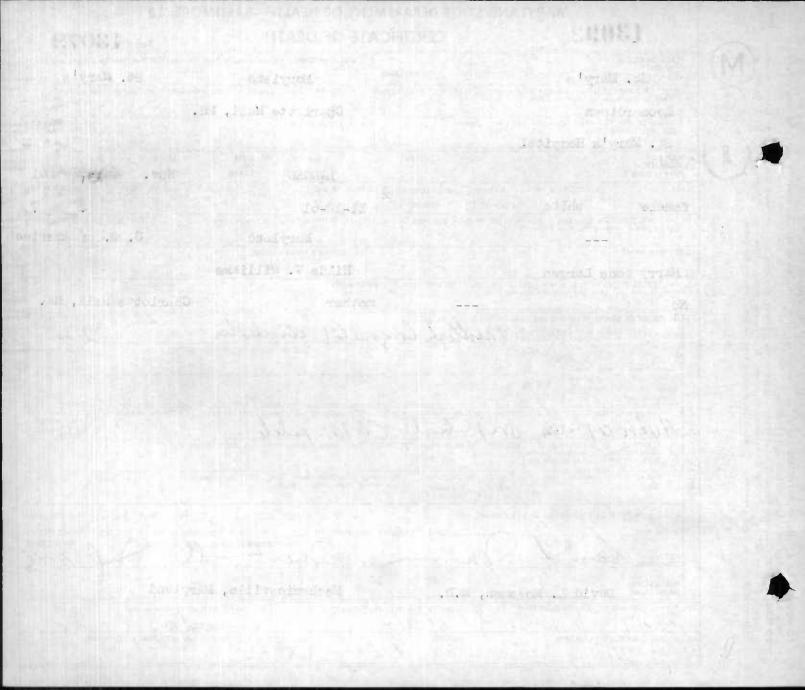
A. Charles Mathingley Doonardton, Largland

St. Maryle Maryland St. Maryla ALAE Shirel Scotland 19 years whirel Scotland Joseph Higherd Knott Hoverber 3, elli ofat Admint 10,1901 do Nautet all W. C. Mary Elizabeth Codderd tion william for the Are Louise K. Simpking Ridge, Maryland James P. Jarbes H.D. Great Mills, Maryland , 67,528 birolyzak e femieth .53 13/5/11 fairmi

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Insit	and in an
page 3 shauld be detached far use as the burial-transit	crematian, ar remaval,
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				ATE OF DEATI				307	
o, COUNTY				2. USUAL RESIDENCE (W	here deceased liv	ed. If institution b. COUNTY	on: Residence	e before od	mission)
St. 1	Wary's		MARYLAND	Maryl	and	b. COUNTY	St.	Mary	3
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write c. LEI	NGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate	limits, write RI	JRAL ond gi	ve nearest t	own)
Leonard				X Charlot te	Hall. 1	vid .			
	ITAL (If not in hospital, o	ive street oddres	s)	d. STREET ADDRESS				e. IS	RESIDENCE
	v's Hospital			/					A FARM?
. NAME OF	Fir		Middle	Last	4. DATE	Mon	th	Day	Yeor
(Type or print)				LARGEN	OF DEATH	No		0 6	1961
S. SEX	6. COLOR OR RACE	7. MAPPIED	NEVER MARRIED	8. DATE OF BIRTH				YEAR IF U	NDER 24 HRS.
	white		DIVORCED T			lost birthdoy)		Doys Hou	
female		WIDOWED [11-12-61		yrs.	120 01717	2	
during most of wa	orking life, even if retired) IOb. KIND	OF BUSINESS OK INDU	JSTRY 11. BIRTHPLACE (Stote		ry)			T COUNTRY?
				Maryl			U. S	o. or	Americ
3. FATHER'S NAME				14. MOTHER'S MAIDEN					
Harry Was	le Largen		FAMILY DA	Hilda V. W	illiams				
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO.	INFORMANT		Addr	ess		
No	(ii you, give was or doles or a			mother		Char	lotte	Hall,	Md.
	ATH [Enter only one co	use per line for ((a), (b), and (c),		,			INTERVAL	BETWEEN
	ATH WAS CAUSED BY	May 1	41/	115	/ .				D DEATH
			A.A. I Ann.	4 / // /.	Adair Ida			1	
	IMMEDIATE CAUSE (o) There	up cong	enetal an	uncells			2	bon.
75	DUE TO		up con	enital an	uncells			2	tr.
Conditions, if	DUE TO		up con	enelas an	incelles			2	pr.
Conditions, if gove rise to	ony, which (bimmediate))	up cong	ands an	identilles			2	bon.
gove rise to couse (o), stoting	ony, which immediate DUE TO		up Cong	enelas un	ibrielles			2	bon.
gove rise to couse (o), stating lying couse lost	ony, which immediate the under-)	left Cong			DUDITION CIVI	ENI INI DADIT	V-V10 W	
gove rise to couse (o), stoting lying couse lost	ony, which immediate the under-)	BUTING TO DEATH BU	T NOT RELATED TO THE TERM		DNDITION GIV	EN IN PART	PEI	AS AUTOPSY RFORMED?
gove rise to couse (o), stoting lying couse lost	ony, which immediate g the under-	DITIONS CONTRI	brock (T NOT RELATED TO THE TERM	INAL DISEASE CO		EN IN PART	PEI	AS AUTOPSY
gove rise to couse (o), stoting lying couse lost PART II. O' AULTO 200, ACCIDENT M	ony, which immediate the under-	DITIONS CONTRI	brock (INAL DISEASE CO		EN IN PART	PEI	AS AUTOPSY RFORMED?
gove rise to couse (a), stating lying couse lost PART II. O' PART III. O' O' O' CONTRIBUTING (IF EITHER, NOTIF EITHER, NOTIF 20c. TIME OF INJUGATION CONTRIBUTING CONTRIBUTING (IF EITHER, NOTIF EITHER)	DUE TO ony, which immediate g the under ther SIGNIFICANT CON VAS UNDERLYING OF G \(\text{D} \) CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Yee	DITIONS CONTRI 20b. DESCRIBE H	HOW INJURY OCCURRI	T NOT RELATED TO THE TERM LOCAL MODEL ED. (Enfer noture of injury in LACE OF INJURY (Home, for	Port I or Port II	of item 18.)		PEI	AS AUTOPSY RFORMED?
gove rise to couse (a), stating lying couse lost PART II. O' PART III. O' O'R CONTRIBUTING (IF EITHER, NOTIF EITHER, NOTIF Hour o. m.	DUE TO ONY, which immediate g the under CHER SIGNIFICANT CON AS UNDERLYING D CAUSE OF DEATH Y MEDICAL EXAMINER) ORY Month, Doy, Yea	DITIONS CONTRI 20b. DESCRIBE H	HOW INJURY OCCURRIO	T NOT RELATED TO THE TERM Light hold ED. (Enfer noture of injury in	Port I or Port II	of item 18.)		YES	AS AUTOPSY IFORMED?
gove rise to couse (a), stating lying couse lost PART II. O' PART III. O' O' R CONTRIBUTING (IF EITHER, NOTIF EITHER, NOTIF Hour o. m. p. m.	DUE TO ony, which immediate g the under ther SIGNIFICANT CON VAS UNDERLYING D G \(\text{D} \) CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Yee 19	DITIONS CONTRI 20b. DESCRIBE H or 20d. INJURY While h of work 0	OCCURRED 20e. Pl	T NOT RELATED TO THE TERM LED. (Ender noture of injury in LACE OF INJURY (Home, forroctory, street, office bldg., etc.)	Port I or Port II on port II or P	of item 18.)	(Cc	PEI YES	AS AUTOPSY FORMED? NO (Stote)
gove rise to couse (a), stating lying couse lost PART II. O' PART III. O' O' R CONTRIBUTING (IF EITHER, NOTIF EITHER, NOTIF Hour o. m. p. m.	DUE TO ony, which immediate g the under ther SIGNIFICANT CON VAS UNDERLYING D G \(\text{D} \) CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Yee 19	DITIONS CONTRI 20b. DESCRIBE H or 20d. INJURY While h of work 0	OCCURRED 20e. Pl	T NOT RELATED TO THE TERM LOCAL MODEL ED. (Enfer noture of injury in LACE OF INJURY (Home, for	Port I or Port II on port II or P	of item 18.)	(Cc	PEI YES	AS AUTOPSY FORMED? NO (Stote)
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gove rise to couse (a), stating lying couse lost PART II. O' PART II. O' O' R CONTRIBUTING (IF EITHER, NOTHE Hour o. m., p. m. 21. I certify to alive an	DUE TO ony, which immediate g the under ther SIGNIFICANT CON VAS UNDERLYING D G \(\text{D} \) CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Yee 19	DITIONS CONTRI 20b. DESCRIBE H or 20d. INJURY While of work	OCCURRED 20e. Pl Not while for	T NOT RELATED TO THE TERM CD. (Enfer noture of injury in LACE OF INJURY (Home, forr actory, street, office bidg., etc.)	Port I or Port II or Port III or P	town), 19,	(Co that I las d an the	punty) t saw the date star	(Stote)
gove rise to couse (a), stating lying couse lost PART II. O' PART III. O' O' R CONTRIBUTING (IF EITHER, NOTIF Hour o. m. p. m. 21. I certify if alive an	DUE TO ony, which immediate g the under ther SIGNIFICANT CON VAS UNDERLYING D G \(\text{D} \) CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Yee 19	DITIONS CONTRI 20b. DESCRIBE H or 20d. INJURY While of work	OCCURRED 20e. Pl Not while for	T NOT RELATED TO THE TERM LACE OF INJURY (Home, for actory, street, office bldg., etc., 19, ta, ta, ta	Port I or Port II or Port III or P	town), 19,	(Co that I las d an the	punty) t saw the date star	(Stote)
gove rise to couse (a), stating lying couse lost PART II. O' PART II. O' O'R CONTRIBUTING (IF EITHER, NOTIF Hour o. m. p. m. 21. I certify I alive an	DUE TO ONY, which immediate general to the under- ther SIGNIFICANT CON VAS UNDERLYING OF GAUSE OF DEATH YMEDICAL EXAMINER) ORY Month, Doy, Year 19 That I attended the	DITIONS CONTRI 20b. DESCRIBE H or 20d. INJURY While of work of the control of t	OCCURRED 20e. Plot while twork of the two that death	T NOT RELATED TO THE TERM LACE OF INJURY (Home, form botory, street, office bldg., etc. 19, ta accurred at M.DXLLL	Port I or Port II or P	town) 19, causes and, city or town,	that I las	punty) t saw the date star	(Stote)
gove rise to couse (a), stating lying couse lost PART II. O' PART II. O' O'R CONTRIBUTING (IF EITHER, NOTIF Hour o. m. p. m. 21. I certify I alive an	DUE TO ONY, which immediate general to the under ther SIGNIFICANT CON VAS UNDERLYING OF GAUSE OF DEATH YMEDICAL EXAMINER) ORY Month, Doy, Yea 19 That I attended the	DITIONS CONTRI 20b. DESCRIBE H or 20d. INJURY While of work 0 deceased from	OCCURRED 20e. Please to two feet and that death	T NOT RELATED TO THE TERM LACE OF INJURY (Home, for octory, street, office bldg., etc., 19, ta, accurred at, M.D	Port I or Port II or P	town) 19, causes and, city or town,	that I las d an the state)	t saw the	(Stote)
gove rise to couse (a), stating lying couse lost PART II. O' PART II. O' O'R CONTRIBUTING (IF EITHER, NOTIF Hour o. m. p. m. 21. I certify I alive an	DUE TO ONY, which immediate general the under- ther SIGNIFICANT CON VAS UNDERLYING D CAUSE OF DEATH Y MEDICAL EXAMINER) 19 That I attended the ON, 22b, DATE THERECO	DITIONS CONTRI 20b. DESCRIBE H or 20d. INJURY While of work 0 deceased from	OCCURRED 20e. Plot while twork of the two that death	T NOT RELATED TO THE TERM LACE OF INJURY (Home, for octory, street, office bldg., etc., 19, ta, accurred at, M.D	Port I or Port II or P	town) 19, causes and, city or town,	that I las d an the state)	t saw the	(Stote)
gove rise to couse (a), stoting lying couse lost PART II. O' PART II. O' O' R CONTRIBUTING (IF EITHER, NOTIF Hour o. m. p. m. 21. I certify a dive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATI REMOVIAL (Specific Moving Course)	DUE TO ONY, which immediate g the under CHER SIGNIFICANT CON AS UNDERLYING D G \(\text{CAUSE OF DEATH} \) ON, Yea ON, 22b, DATE THEREO (Y) IDDE TO (G) (G) (G) (G) (G) (G) (G) (G	DITIONS CONTRI 20b. DESCRIBE H or 20d. INJURY While of work of the control of t	OCCURRED AND ADDRESS OF COMMENTS OF CEMETERY COMMEN	T NOT RELATED TO THE TERM LACE OF INJURY (Home, forrectory, street, office bldg., etc., 19, ta, Machanics OR CREMATORY	Port I or Port II or P	town) 19, causes and, city or town, N (City, town, cause town,	that I las d an the stoke)	punty) t saw the date star	(Stote)
gove rise to couse (a), stating lying couse lost PART II. OF PART	DUE TO ONY, which immediate gethe under ther SIGNIFICANT CON VAS UNDERLYING D G CAUSE OF DEATH YMEDICAL EXAMINER) IRY Month, Doy, Yea 19 That I attended the David I. Mo ON, 22b, Date THEREO Y) R'S SIGNATURE	DITIONS CONTRI 20b. DESCRIBE H or 20d. INJURY While of work of the control of t	OCCURRED OCC	T NOT RELATED TO THE TERM LACE OF INJURY (Home, forrectory, street, office bldg., etc., 19, ta, Machanics OR CREMATORY	Port I or Port II 20f. (City or ADDRESS (Street 22d. LOCATION D BY REGISTRAF	town) 19, causes and, city or town, City, town, City, town, 24b. REGIS	that I las d an the state)	ounty) t saw the date star	(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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FOR STATE		L
HEALTH DEPT.	1.	PLA e. CC
Pagary files.		h CI
vis necessary, director. Page your files.		,
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3 to the standard of the Stand	3.	NAI DEC
ath. I be the the the	5.	SEX
e la	Fe	ema
thin 24 hours after d Give Pages 1, 2, and orm PM3. Page 5 ma File pages 1 and vent within 72 h	10a do	. US
24 hou B Page M3. P pages within	13.	FAT
within 7 18. Give h form P milt. File y event	15. (Ye	WA s, no
cuted I tem g with g with g and in an		1B.
DECONTRIBECTOR EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessate secure the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the certain director should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 7 with the State Board of the state death.	MEDICAL CERTIFICATION	20cc 21. de:
5 4 5 P	- 65	T.
VS. A15ME 5M 9/60	23	. FU

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH MARYLAND STATE DEPARTMENT OF HEALTH 13080

1. PLACE OF DEAT	THIT. Mar	do		2. USUAL RESIDEN e. STATE	CE (Where decee	sed lived, If in		ce before edinission)
*	xington Par	k	MARYLAND	Mary]	bral	B. COUNT	m 1 0 0	arv's
b. CITY OR TOWN	(if outside corporete lim	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		e limits, write l		377
Write KURAL a	nd give nearest town)			Y Tanda	natan Dan	da.		
d. NAME OF HOS	PITAL OR INSTITUTION	(if not in hospi	ital, give street eddress)	d. STREET ADDRESS	ngton Par	K		. IS RESIDENCE
. 04	. Mary's Ho			1 11477	Pro 47	Count		YES NO
3. NAME OF	. Hary's no	Shrear	Middle	Hill Last	Trailer	Month	Dey	Yeer
DECEASED			Madio	5001	OF	74(0)1111	Doy	
(Type or print)	RUT	H	M.	STADWICK	DEATH	Novemb		19 61
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED B	DATE OF BIRTH		as below the cold to	Months Deys	IF UNDER 24 HRS.
Female	White	WIDOWED	DIVORCED	+51+510+		yrs.	1 10	, Allie
10a. USUAL OCCUPA	ATION (Give kind of working life, even if retire		ID OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country	')	12. CITIZEN O	F WHAT COUNTRY?
done during most of t	working me, even il tellit			Leonardt	own. Md.		U. S.	Δ
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
,Io	hn Stadwic	k	ALL STREET	Ron4+	a M. Mor	700		
	EVER IN U.S. ARMED FOI		OCIAL SECURITY NO. 17. I	NFORMANT	a ri. Fior	Address		
	(If yes give wer or detes of				E			
				John Stadwic	:k – Ь	exingt	ton Par	
	DEATH [Enter only one	cause per lin	e for (e), (b), end (c).					ERVAL BETWEEN
PARI I. DEA	IMMEDIATE CAUSE (e)	Inter	stitial Pneumo	nitis				
50	E V DUE TO							
Conditions, if e	ny, which) (b)							
geve rise to imme	diete ceuse							
(a), steting the cause lest.	underlying						19.00	
	J (c)		RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CON	NDITION GIVE	N IN PART 1(e) I 1	9. WAS AUTOPSY
	ick statement corns							PERFORMED?
<u>5</u>						15.		YES NO
CAUSE OF DEAT	CONTRIBUTING [206. DESCRIB	E HOW INJURY OCCURED. (E	ater neture of injury in Per	ri I or Peri II of Iter	n 18.)		
20c. TIME OF IN				CE OF INJURY (Home, farr		town)	(County)	(Stete)
Hour e.m		White et work	Carlot Atline	ory, ander, ornice bregs, ore				
		of the rema	ins described above, he	ld an Autopsy 7	Inspection	l Inquiry	, and	in my opinion
death resulted		100	Accident , Suic			ermined ma		
Geam Tesuried	1 Training	A	3010					
ACTUAL	H	11	11/2 /11	CHIEF MEDICAL			4	
SIGNATURE_	Mawara	17.1	Thanks	M.D.	DICAL EXAMINER	X	D	ATE SIGNED
EXAMINER'S	/			DEPUTY MEDICA	L EXAMINER			
NAME (Type)	HOWARD G.				city, town, or cour		1	1/21/61
REMOVAL (Speci	ION, 226. DATE THER	EOF 2	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION	(City, town,	or country)	(State)
Burial		61 1	Holy Face Ceme	tery	Great M		Md.	
23. FUNERAL DIRECT			ADDRESS	24e. REG	C'D BY REGISTRAR	24b. REGIS		URE
P. B. N	WWXXXX Robi	nson :	Leonardtown, M	d. NOV	2 8 '61	arthur	8. Kraus	
				, 5.116		-		

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OPER PLEASE State Water 1 Indianah Elwida .JE LWESTER tel Union Description William problem in the control sitting or of factions or the property of . . Tyllden . . Carbon THE STREET STREET STREET STREET STREET

MEDICAL CERTIFICATION

22c. PHYSICIAN'S NAME (Type)

		ARYLAND STATE					
	() S'4	CERTIFICA			ALTIMORE 1,	13082	
PLACE OF DEAT	Н		2. USUAL RESID	ENCE (Where dece	esed lived, If Institu	ition: Residence before	edmission)
St.	lary's	MARYLA	a. STATE	arvland	b. COUNTY	et Manual	
	(if outside corporete limits				ate limits, write RUR	St. Mary	
	d giva naerest town)	2 days	Rural	Drayde			
d. NAME OF HOSE	ITAL OR INSTITUTION (if	not in hospitel, give street eddress)	d. STREET ADDRE	ESS			RESIDENCE A FARM?
	St. Mary's H	ospital				YES	NO X
NAME OF	First	Middle	Lest	4. DATE	Month	Day Ye	er
(Type or print)	Marv	E.	M	OF DEATH	17 1	10	
SEX			Travis		November AGE (In years) IF UN		61 ER 24 HRS.
	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	J B. DATE OF BIKIN	/ /	last birthday) Mor		Min.
Female	Colored	WIDOWED DIVORCED	Nov. 22, 18	891 696	58/ yrs.		
e. USUAL OCCUPA	TION (Give kind of work orking life, aven if retired	106. KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (C	County & State, or for	reign country) 1	2. CITIZEN OF WHAT	COUNTRY?
House		Home		Man	land	U.S.A.	
. FATHER'S NAME		11020	14. MOTHER'S MAIL		radiu	U.D.A.	
0.	tonhon Danson		77		*** * * *		
	tephen Dyson	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Elizabeth	M11burn Address		
	(If yes give wer or detes of se				Vaniess		
no		none	James E. Tra	vis Tal	ll Timbers	s. Marylan	adbr
		cause per line lor (e), (b), end (c).)	11-11-	-11.		ONSET AND	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	141081	Nill Ta	dung	,	hom	
2100	1	11		11	11	1	
1 / L /	DUE TO	(the Dea	and the	1 alls	110 m Es	1 26	141
Conditions, if er	1-1-	Covivia	100	19/0	000000	/	TY.
(a), steting the	DUITTO	11 1	0/1/1	1	/	11	11
ceuse lest.) (c)_	TI	>100			9	OX.
PART II. OTH	ER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASE CO	ONDITION GIVEN IN		AUTOPSY ORMED?
	1) nell	Elen /1/54	Rilan			YES T	NO 1
OR CONTRIBUTIN	WAS ENDERLYING DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCC	CURED. (Enter nature of injury	y in Pert I or Pert II o	f item 1B.)		
20c. TIME OF IN.	IURY Month, Dey, Yee	r 20d. INJURY OCCURRED 20	e. PLACE OF INJURY (Home,		or town)	(County)	(State)
Hour a.m.		While Not While	factory, street, office bldg.,	, etc.)			
p.m.	. 19	et work et work	71/	, , , ,	11 1 11	7/1	
21. I certify	that (I) (this hospit	al) attended the deceased f	rom	, 19 6 to		719.6.7, that (1)	(we) last
saw the dece	sed alive on	N// D 19 6/, and	that death occured a	t.a. J.M. from	the causes and	on the date stat	ed above.
220. SIGNATURE	*) // //		1	100		b. DATE
1/2	mas	to all the	ATTENDING PHYS.	DIRECTOR	STAFF PHYS.	11/	23/10

23a. BURIAL, CREMATION, 23b. DATE THEREOF 11/13/61 St. Mark's Cemetery y Valley Lee, Maryland
258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE DAHOV 1 5 '61 arthur S. Kraus W. Clarke Mattingley Leonardtown, Maryland

23c. NAME OF CEMETERY OR CREMATORY

James P. Jarbos M. D.

22d. ADDRESS

Great Mills, Maryland

23d. LOCATION (City, lown or county)

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St. Mary's Hospital

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S. Elizabeth Milbert

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Growt Mile, Marylone

Surial 15/13/61 St. Margis Cometery Vailey Lee, thanklands

W. Clarko Mattingley Loomerdtown, Maryland 1907 1907